

PTO/SB/30 (01-03)

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**Request
For
Continued Examination (RCE)
Transmittal**

Address to:
Commissioner for Patents
~~Mass. State Bldg.~~
ALEXANDRIA, VA 22313-1450

Application Number	09/891,014
Filing Date	06/25/2001
First Named Inventor	Michael D. Crandall et al.
Art Unit	1771
Examiner Name	Daniel Zirker
Attorney Docket Number	54185US014

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

a. Previously submitted

i. Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).

ii. Consider the arguments in the Appeal Brief or Rely Brief previously filed on _____

iii. Other _____

b. Enclosed

i. Amendment/Reply

ii. Affidavit(s)/ Declaration(s)

iii. Information Disclosure Statement (IDS)

iv. Other Listing of the Claims

2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)
b. Other _____

3. Fees

Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to
Deposit Account No. 501,171

05/13/2003 KWASHING 00000001 Extension of time fee (37 CFR 1.136 and 1.17)
501171 09891014

01 FC:1801 750.00 CH Other Any additional fees owing

b. Check in the amount of \$ _____ enclosed

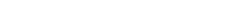
c. Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Allison Johnson	Registration No. (Attorney/Agent)	36,173
Signature		Date	May 2, 2003

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, ~~Box 1450~~, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Name (Print/Type)	Allison Johnson	Signature	
		Date	May 2, 2003

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.